





Public Health in West Virginia: Brief History and Current State of Health

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What is Public Health?

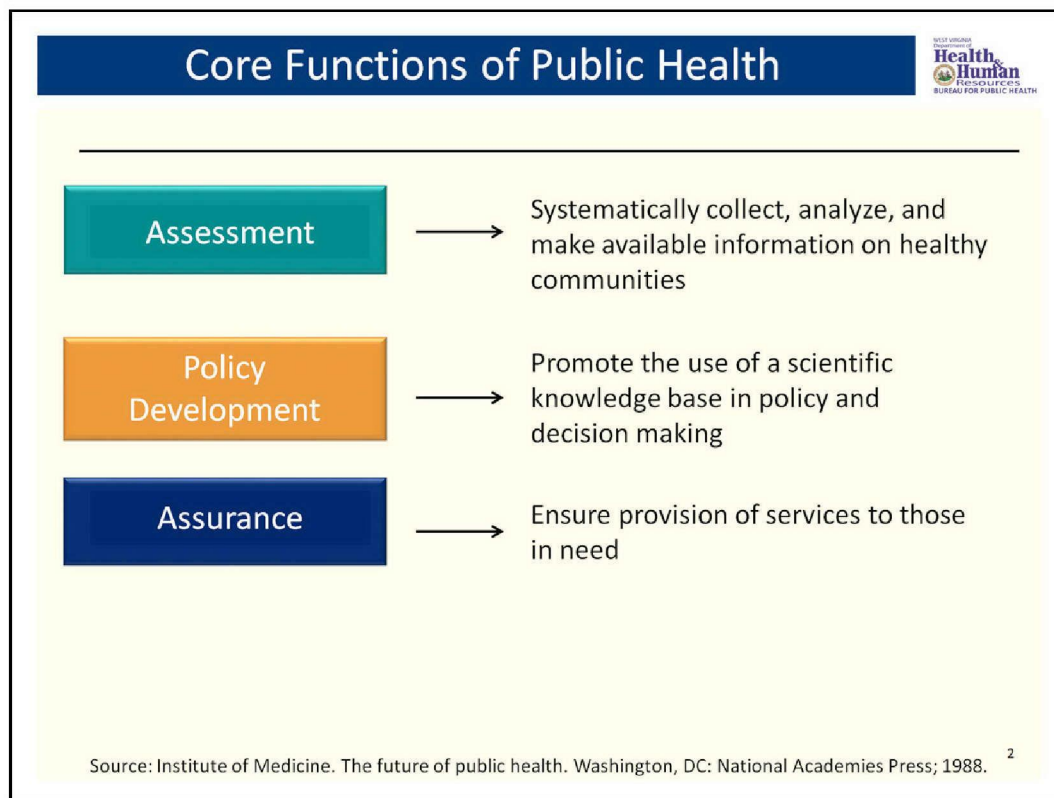


The World Health Organization defines Public health as all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.

The Mission of the Bureau for Public Health is to help shape the environments where West Virginians can be safe and healthy in their communities.

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How many of you are new to Public Health? Here's what we do.

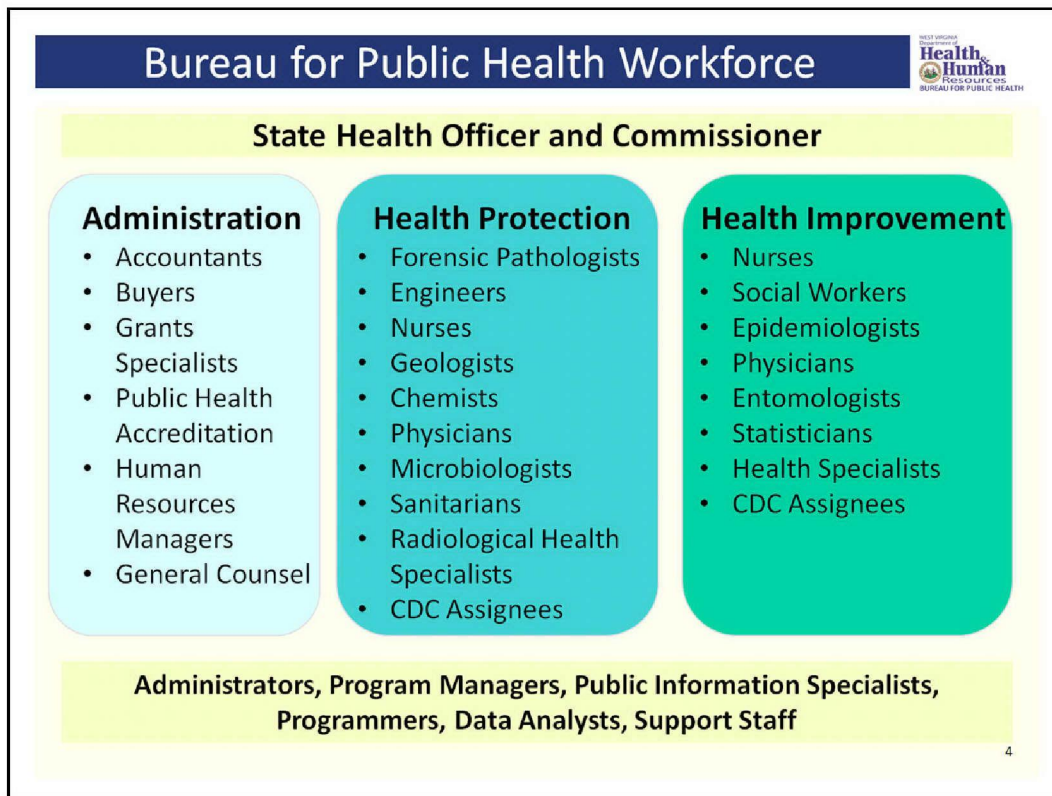


- Emphasize the “public health approach” and essential functions
- This approach translates to ALL public health initiatives, including oral health

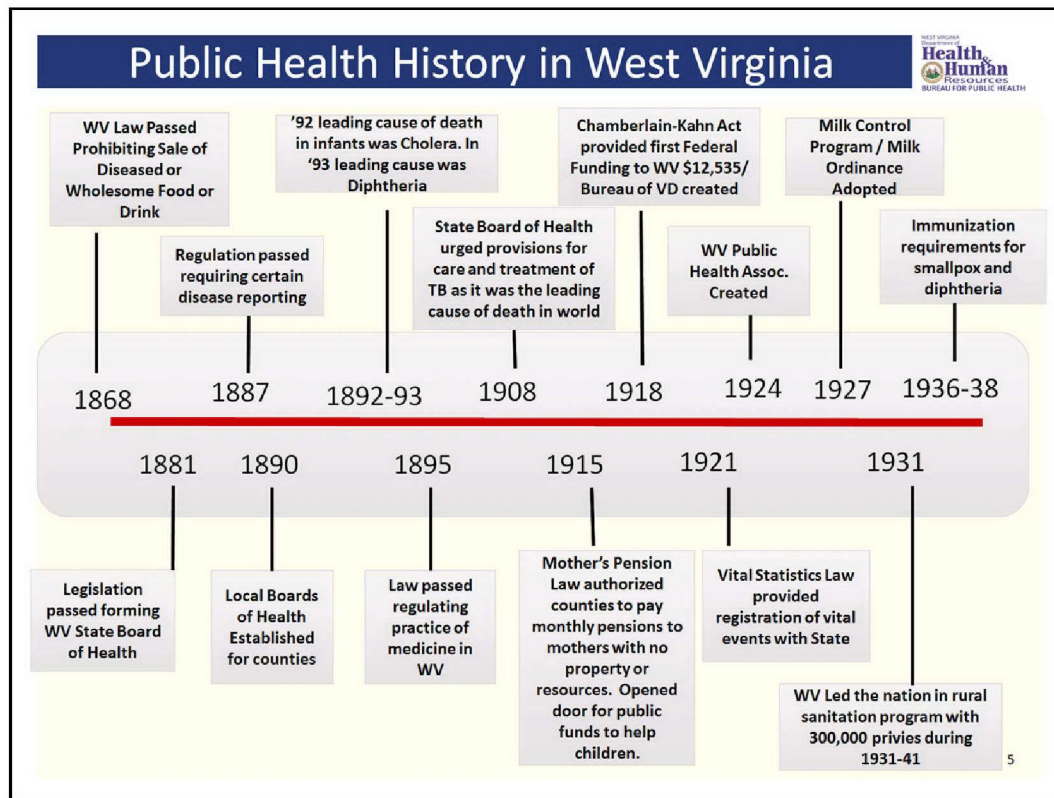


Here's a look at how we serve the public at the Bureau for Public Health. We have lots of programs that touch the lives of every West Virginia resident.

You assist us in the Environmental Health.



Approximately 700 BPH employees with a wide range of expertise



Public Health in West Virginia dates back to the late 1860s. (read a few boxes)

Today, we don't see as many communicable diseases as we do the consequences of chronic diseases like heart disease, obesity, etc.

But, the role sanitarians play in protecting the public is very important. Because we know diseases still exist.

Historical Highlights



1868:

The first step toward improving the health and general well-being of West Virginia citizens took place in 1868 with the passage of a law to prohibit sale of any diseased or unwholesome food or drink without making the fact known to the buyer and establishing penalties if it happened.



Historical Highlights



1881:

Legislation passed establishing the first West Virginia State Board of Health. The annual appropriation was \$1,000.

1887:

Regulation passed requiring cases of certain communicable diseases to be reported by quickest means to the State Board of Health.

1890:

Local boards of health established in all counties except one.


Local health officers instructed to have all houses or premises placarded, where smallpox, scarlet fever, measles, or diphtheria were known to exist.

Today's expenditures by the Bureau for Public Health are approximately \$232 Million annually

The regulations passed in 1887 to require reporting of communicable diseases is still in place today but clearly significantly expanded from what it was in 1887.

The placards posted by health officers in 1890 are a method that continues to be available. Placarding of residences where meth labs have been operated occurs now.

Historical Highlights



1892:
Leading cause of death in infants was related to cholera which precipitated regulations for prevention of cholera.

1893:
Leading cause of death was diphtheria.

1895:
Law regulating license to practice medicine in West Virginia passed.

1903:
Reported death rate from smallpox was 12-20% of reported cases. The Board of Health urged vaccination.

1908:
State Board of Health recommended that the state make provisions for the care and treatment of tuberculosis since it was leading cause of death in the world.

1892 was also the year that the first cholera vaccine became available in the US.


Cholera was the first reportable disease in the US. Ten's of millions of people around the world succumbed to cholera. Water sanitation and waste treatment have made this rare in the US.

Some reports indicate that smallpox was largely eliminated in the US by 1897. However, In 1927, 1,099 cases of smallpox were reported. The last case of smallpox was reported in 1948.

Historical Highlights

1913:
The West Virginia State Hygienic Laboratory was created and located at the WVU Medical School. The Laboratory was established to protect the health of West Virginia citizens, especially against infectious diseases, through:


1. Aid in diagnosis
2. Case-finding; routine screening, surveillance and investigating outbreaks;
3. Detection of carriers;
4. Maintaining safe drinking water and safe milk products



WEST VIRGINIA
DEPARTMENT OF
**Health & Human
Resources**
BUREAU FOR PUBLIC HEALTH

As you can see by the slide, the lab was an intersection with the epidemiology and environmental health practices. The relationship of the Laboratory between these two disciplines continues in a strong capacity. The Lab's responsibilities have grown over time to also include biologic and chemical terrorism.

Historical Highlights



1915:
The State Department of Health was established, replacing the Board of Health.

The Mother's Pension Law, authorizing counties to pay monthly pensions to mothers who had no property or resources and whose morals were above suspicion. This opened the door a little wider for the use of public funds for assisting children in need.

1917:
The Division of Vital Statistics was established by the West Virginia Legislature in 1917. This was a first attempt to centralize the registration of births and deaths. It was done on a cooperative basis because the law did not require reporting of this information to the state until 1921.

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The State Department of Health is the early precursor to the Bureau for Public Health

The introduction of the Mother's Pension Law opened the door for the use of public funds for assistance to children.

As you can see, Vital Statistics will reach its 100 year anniversary in 2017. Note that at this time, reporting of vital data was cooperative and not a requirement.

Historical Highlights



1918:

The State Hygienic Laboratory moved from WVU to Charleston.

Free typhoid vaccine and silver nitrate solution purchased and supplied in limited amounts to physicians and health officers.

A "health car," a vestibuled railway coach, was rented by the State Department of Health and sent to rural sections of the state in the interest of public health education.

The Chamberlain-Kahn Act providing grants to states for the control of venereal diseases passed Congress which paved the way for the first federal grant for public health in West Virginia during Fiscal Year 1919, in the amount of \$12,535. The Bureau of Venereal Disease Control was created.

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Typhoid fever remained a concern in 1918. The silver nitrate was used to deactivate e. coli.

The Chamberlain-Kahn Act provided the first recorded federal grants to WV.

Historical Highlights



1921:

Compulsory registration of vital events with the State Health Department was implemented. Prior to 1921, physicians, midwives, and undertakers were required to report births and deaths only to the clerk of the county courts of the county in which the event occurred.

The Sheppard-Towner Act, a congressional act making federal funds available to the state to assist in developing Maternal and Child Health programs passed.

Now in 1921 we see mandatory registration of vital events such as births, deaths, marriages. Prior to 1921, physicians, midwives, and undertakers were required to report births and deaths only to the clerk of the **county courts** of the county in which the event occurred.

The Sheppard Towner Act initiated funding for maternal and child health programs.

Historical Highlights



1927:

Statewide milk control program began and the Standard Milk Ordinance was adopted

1,099 cases of smallpox were reported

1931:

West Virginia led the nation in a rural sanitation program which included the construction of almost three hundred thousand sanitary privies during 1931-1941.

1933:

Compulsory examination and licensing of water plant operators inaugurated.

Members of the Public Health Association included nurses, sanitarians, physicians, dentists, health educators, laboratory technicians, clerks, administrators, epidemiologists, biostatisticians, nutritionists, outreach workers, academics, and retirees

The US Public Health Service first developed the milk ordinance in 1924. In 1924 it was voluntary adoption by states. It was first published in code in 1927. WV was clearly an early adopter.

The rural sanitation program was important around the country as part of the Civil Works Administration. This was a significant effort to better manage waste to prevent the spread of disease and contamination of drinking water.

Today, Environmental Health continues to certify water operations (and waste water operators)

Historical Highlights



1936:

The Bureau of Public Health Nursing established by action of the Public Health Council.

Legislation enacted making preschool immunization against smallpox and diphtheria compulsory.

1938:

Training of personnel – the State minimum period of training was four and one-half months, three of which must be spent in a recognized school of public health and six weeks in the State Training Center.

1939:

West Virginia adopted premarital law requiring applicants for marriage license to submit to the standard blood test for syphilis. (One out of eighty-four deaths under one year of age was caused by syphilis).

The implementation of compulsory preschool immunization was the foundation for today's preschool immunization requirements.

In 1938 the training of state personnel included 6 weeks in the state training center. Anyone know if this is directly related or a precursor to the training requirement we have today for the sanitarian profession?

Historical Highlights



1940:

Bureau of Tuberculosis Control was established and a four by five photofluorography x-ray machine was purchased and mounted in a semi-tractor trailer unit.

1942:

Premature infant incubator service began.

1946:

The infant mortality rate was **40.9** per one thousand live births **7.5** in **2013** (WV Health Statistics Center; WV Vital Statistics 2013).

1948:

Inspections of state institutions by the State Fire Marshal and local sanitarians inaugurated as part of the hospital licensing program.

The last case of smallpox was reported.

1949:

West Virginia became the second state to establish a children's clinic.

Historical Highlights



1952:

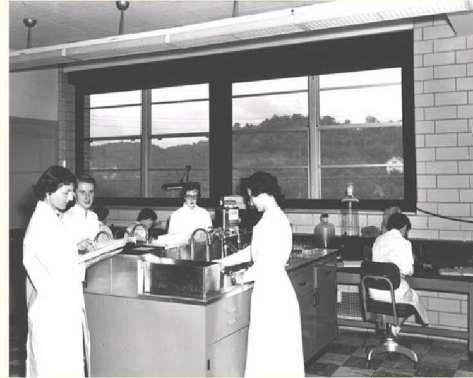
There were twenty-one thousand new cases of paralytic polio.

1953:

Poliomyelitis Control Program Initiated. Statewide distribution of of the Salk polio vaccine.

1954:

June 8, 1954 the State Hygienic Laboratory moved to 167 11th Ave., South Charleston. Laboratory was built with Hill-Burton funds (\$514,560) and State funds (\$200,000) - 23,298 sq. ft.



The America's were declared polio free in 1994!

This are of the Lab looks pretty much like it did in this 1950's era picture. Although we continue to work toward a new facility, funding has not permitted that to happen.

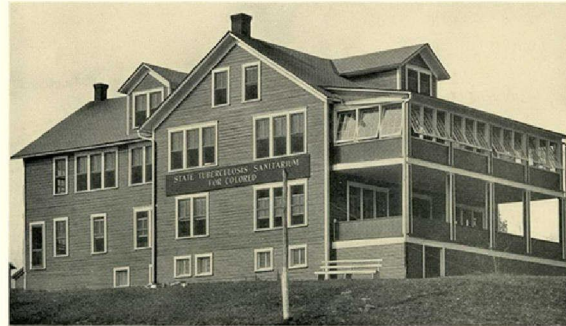
Historical Highlights



1957:

Due to the decline in the incidence of tuberculosis, Denmark Tuberculosis Sanitarium was converted to Denmark State Hospital for the chronically ill.

The hospital closed in July 1990 and reopened in 1993 as Denmark Corrections Center.



The Division of Disease Control began a statewide polio vaccination program.

1960:

Antibiotic Testing program required on milk producer samples.

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Denmark was one of several state hospitals in operation earlier in the 1900's. Other hospitals included Hopemont in Preston County and Pinecrest in Raleigh County. Hospitals for the mentally ill and miner hospitals were established in the late 1890's. Miner's hospitals in Welch, Fairmont, and McKendree.

Historical Highlights



1963:

An immunization program was initiated.

1965:

Measles vaccine became available.

PKU (i.e., phenylketonuria) Program mandated by state law requiring the first of many thousands of specimens to be tested annually at the State Lab.

1968:

Cervical cancer screening program began.

Last reported case of polio in WV.

1969:

Rubella vaccine was introduced.

1972:

Gonorrhea culture screening program with examinations of specimens on a statewide basis started.

In the 60's we see the initiation of the immunization program and more vaccines becoming available

phenylketonuria (PKU) test is done to check whether a newborn baby has the enzyme needed to use phenylalanine in his or her body. Phenylalanine is an amino acid that is needed for normal growth and development. If a baby's body does not have the enzyme that changes phenylalanine into another amino acid called tyrosine, the phenylalanine level builds up in the baby's blood and can cause brain damage, seizures, and intellectual disability.

The damage caused by PKU can begin weeks after the baby has started drinking breast milk or formula. Babies with PKU need foods low in phenylalanine to prevent severe brain damage. Phenylalanine is found in most foods that have protein, such as milk, cheese, and meats.

It is important to find this disease early. All babies in the United States and Canada are tested for PKU right after birth. To have the disease, you must inherit the gene from each parent. The United States Preventive Services Task Force recommends that all newborns be tested for PKU.¹

The blood sample for PKU is usually taken from your baby's heel (called a heel stick). The test is done in the first few days after birth, as early as 24 hours after birth. The test may be repeated within the first week or two after birth.

Historical Highlights



1972:

WIC was created to provide supplemental food products and nutrition guidance to at-risk mothers and their children.

Early, Periodic, Screening and Diagnosis and Treatment (EPSDT) initiated.

1975:

The Federal "Safe Drinking Water Act" was enacted.

Mumps vaccine became part of the Immunization Program resulting in the lowest occurrence of measles, rubella, and mumps in recorded history of the state.


1977:

The Legislature appropriated \$2,000,000 for a new emergency medical services statewide system.

In the 70's, the programs we are familiar with today found their place in public health. Today, as you'll learn not all state public health agencies are responsible for implementation of the Safe Drinking Water Act. WV has taken the position that drinking water protection is a public health role.

Today our Office of Emergency Medical Services regulates all EMS providers (agencies and EMS workers). The EMS role continues to expand and partners now piloting a community paramedicine initiative to reduce emergency room visits and provide ongoing health care to citizens while reducing cost.

Historical Highlights



1979:
State Lab begins screening for Lead.

1980:
The number of “active” cases of tuberculosis was reduced to two hundred three cases.
(In 2015, WV had 10 newly diagnosed cases of tuberculosis and 3 transfer in from other states)

West Virginia dropped below the national average in the infant mortality rate – 11.8/1000 vs US rate of 12.6/1000.
(2013 data indicates a rate of mortality of 7.5/1000 live births in WV vs. the US rate of 6.0/1000 live births)

The screening for lead has allowed for case management of children with elevated blood lead levels and investigation of environmental lead hazards in the home, school and daycare. MCFH receives information from the Lab, conducts case management and works in unison with OEHS to refer children for environmental lead assessments of their residence or other locations where the child may have been poisoned by lead.

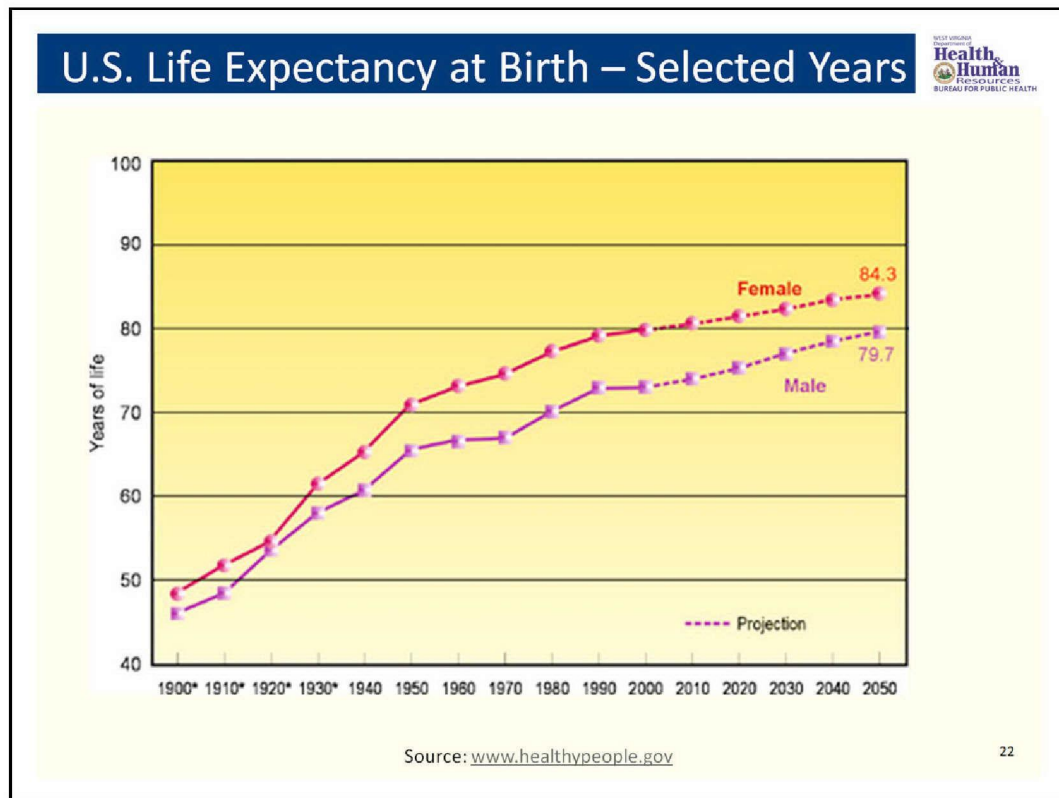
More Recent Public Health Highlights

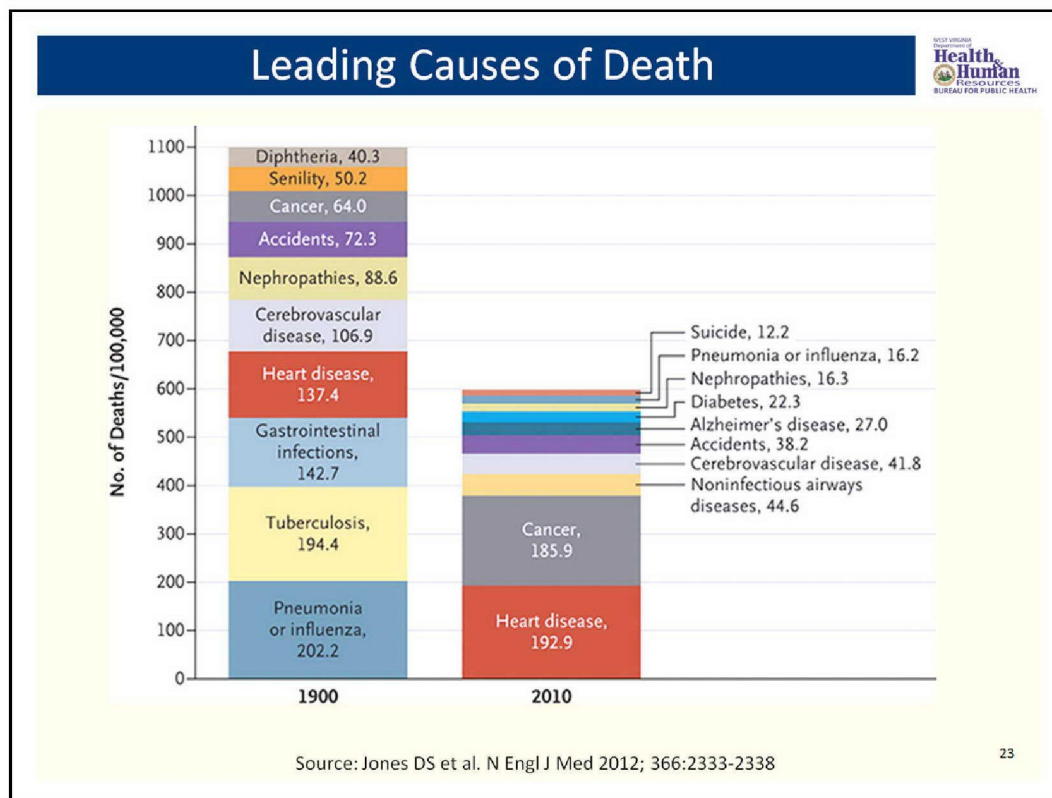


1990's Forward –


- Creation of the drinking water state revolving fund
- Legislation regulating Infectious Medical Waste
- Arbovirus testing initiated at the State Lab
- New to WV diseases: West Nile, H1N1, Chikungunya, Zika
- The re-emergence of old threats: Anthrax, Smallpox,
- The establishment of services for women, children and families
- The ability of the State Lab to screen newborns for 29 genetic disorders
- Body Piercing
- Development of Preparedness programs and bioterrorism testing after 9/11
- Clandestine Drug Lab Remediation,
- Mandatory Source Water Protection Plans,
- Opioid Epidemic, and
- Many, many more

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WV Demographics



1. Median age 42.3 years
 - 4th highest in nation based on 2016 US Bureau of the Census American Community Survey
2. Medicaid: 564,408* persons or 30% of the population
3. 18% report being disabled
 - Compared to 12% of the U.S. population

*Medicaid & CHIP data as of March 2017
Source: www.Medicaid.gov



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Population is increasing and growing older, a combinations that hold important implications for our healthcare infrastructure.

Large disparities in levels of education.

Persons with less educations are more likely to smoke and be diagnosed with a chronic condition.


The percentages of individuals with disabilities bring additional challenges to healthcare.

Those with disabilities are more likely to have poor health overall, to be physically inactive and smoke.

Our Obesity rate exceeds 30%, which is among the highest in the nation.

An average of 3,785 residents die each year from diseases related to smoking. It is the leading cause of preventable death in the U.S.

WV Demographics



4. Lowest in nation (50 states):


- Bachelor's degree or higher (19.2%)*

5. Fourth lowest in nation (50 states, DC, PR):

- Median household income (\$42,644) **

6. Seventh highest in nation (50 states, DC, PR):

- Percentage below poverty level (17.9%)***



* Source: Bureau, U.S. Census. "2011-2015 American Community Survey 5-Year Estimates"

** Source(s): U.S. Census Bureau, 2012-2016 American Community Survey 5-year Estimates

*** Source(s): U.S. Census Bureau, 2016 American Community Survey 1-Year Estimates

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WV Risk Factor Indicators



Risk Factor	WV Prevalence	Rank	U.S. Prevalence
Current Smoking	24.8%	2	16.3%
Current Smokeless Tobacco Use	8.5%	2	3.6%
Fair/Poor Health Status	26.3%	2	18.0%
Lack of Physical Activity	28.5%	11	24.4%

Data source: DHHR, Health Statistics Center, Behavioral Risk Factor Surveillance System, 2016 (rank includes all 54 states, DC, and territories).

WV ranks among the bottom in America's Health Rankings, 2017 (reporting 2016 data).

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WV Morbidity Indicators

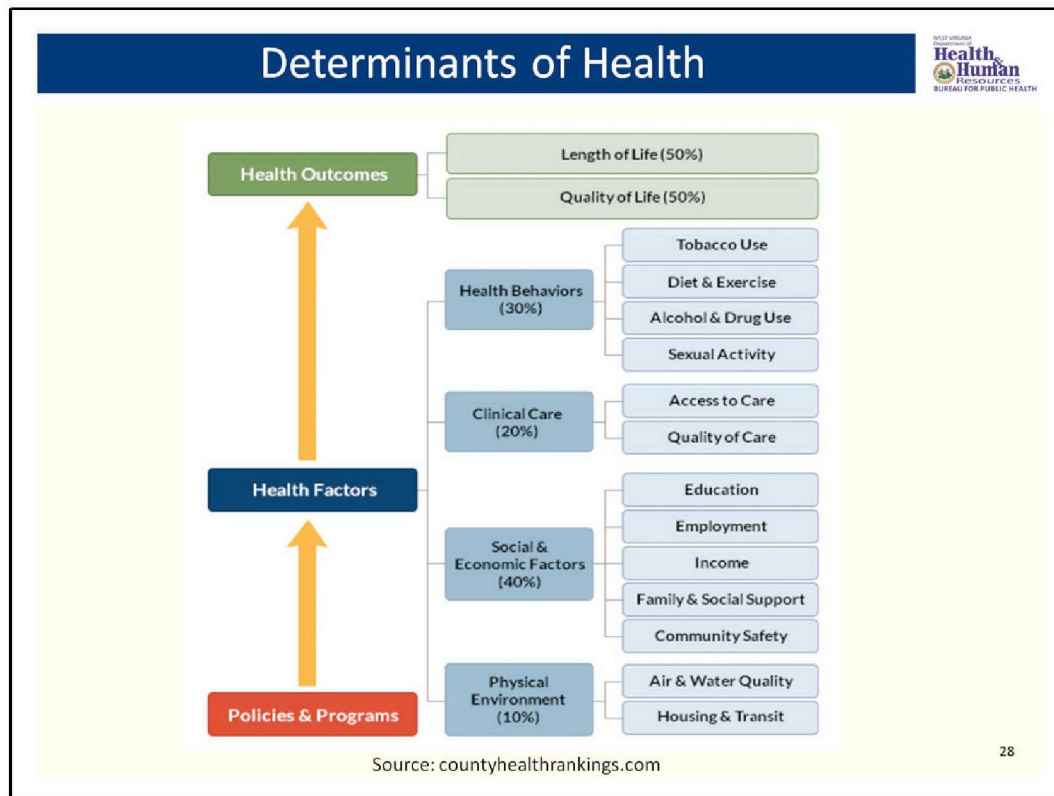


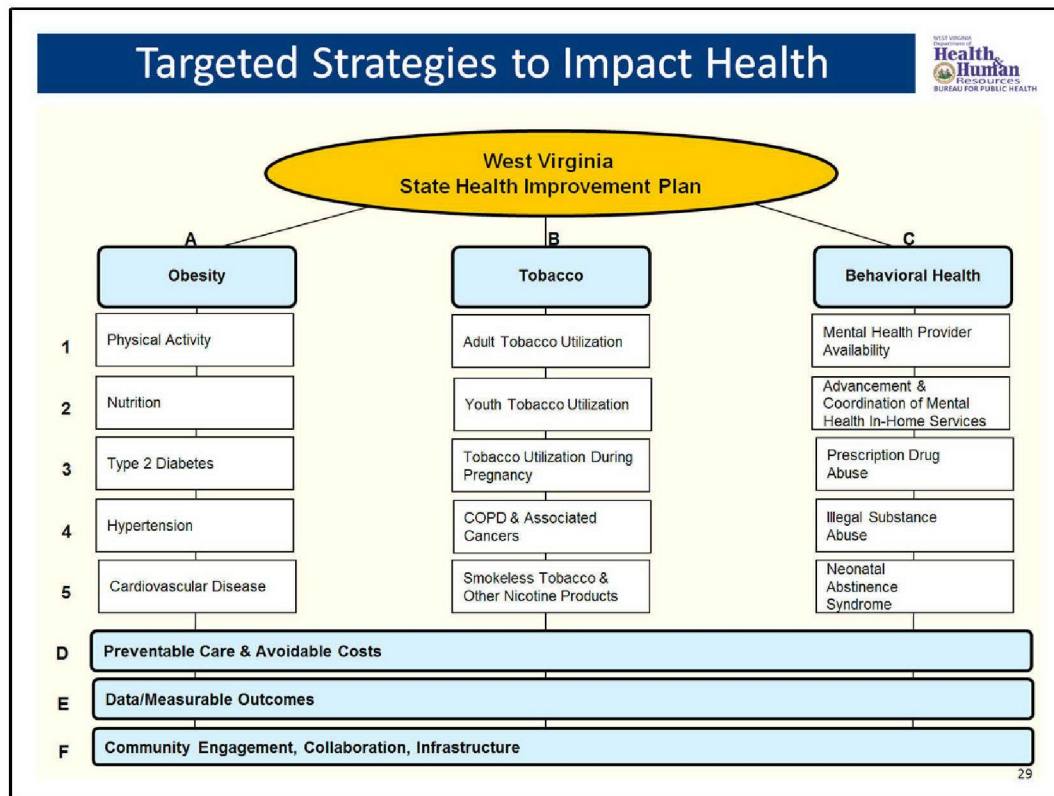
Health Condition	WV Prevalence	Rank	U.S. Prevalence
Arthritis	38.9%	1	25.3%
Poor Health Limitations (at least 14 days in past 30 days)	23.6%	1	15.7%
Cardiovascular Disease	14.6%	1	8.7%
Obesity	37.7%	1	29.6%
COPD	13.9%	1	6.5%
Hypertension*	42.7%	1	32.0%
Diabetes	15.0%	2	10.8%
Kidney Disease	3.6%	9	3.0%
Depression	23.8%	2	16.6%
Cancer	14.0%	3	11.2%

Data Source: DHHR, Health Statistics Center, Behavioral Risk Factor Surveillance System, 2016,
*2015 (rank includes all 54 states, DC, and territories).

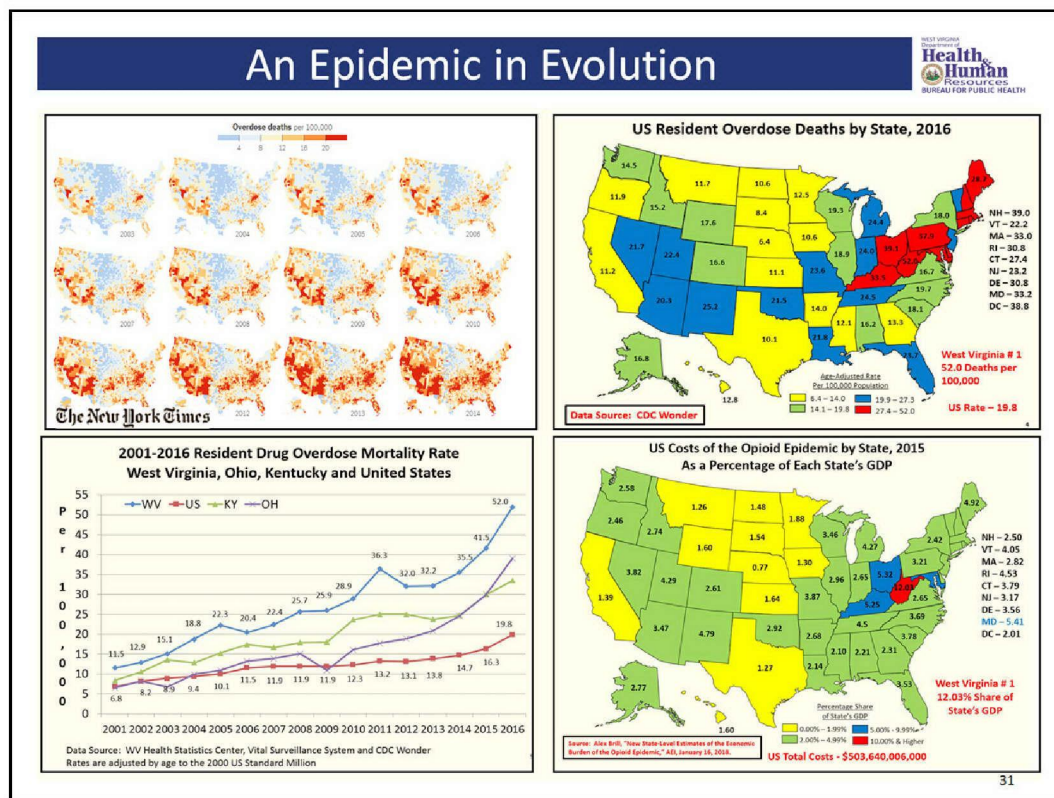
WV ranked 46th (Overall) in America's Health Rankings, 2017 (reporting 2016 data).

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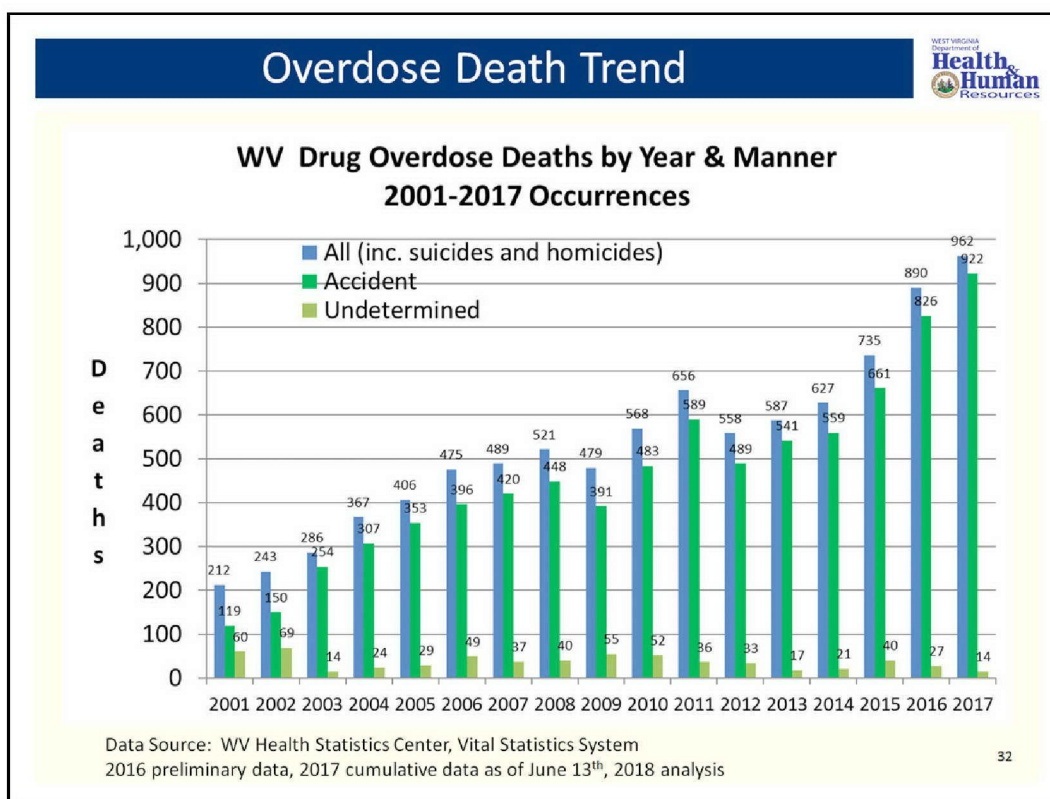




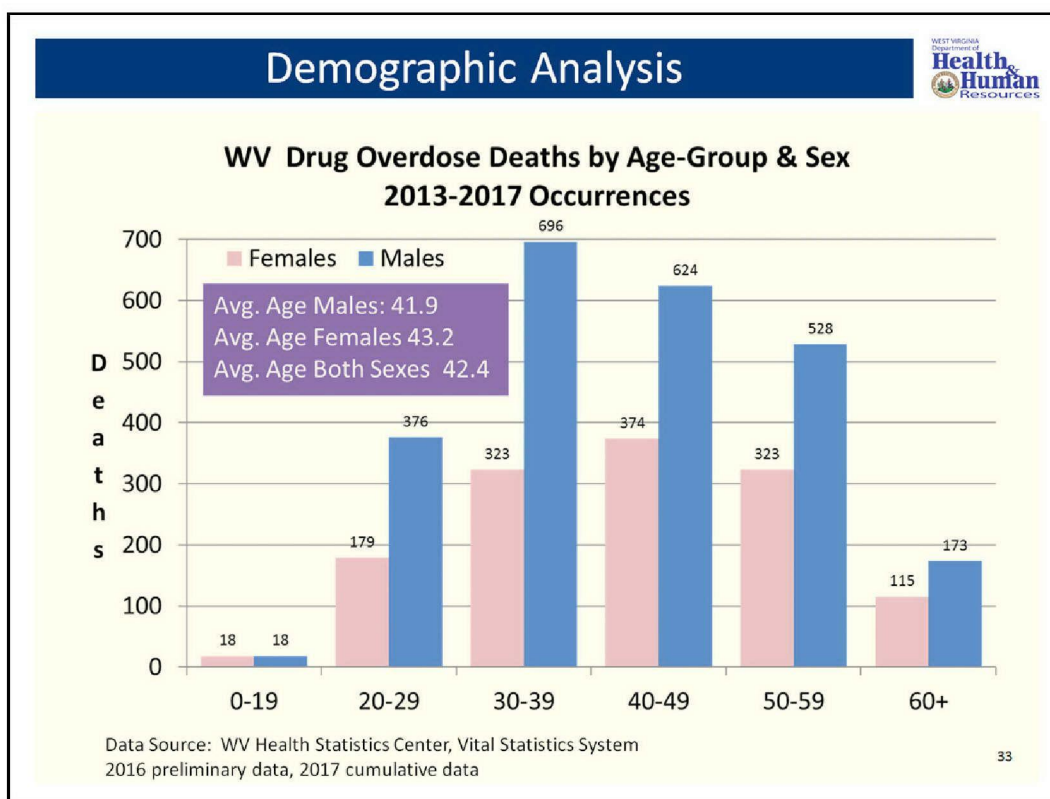




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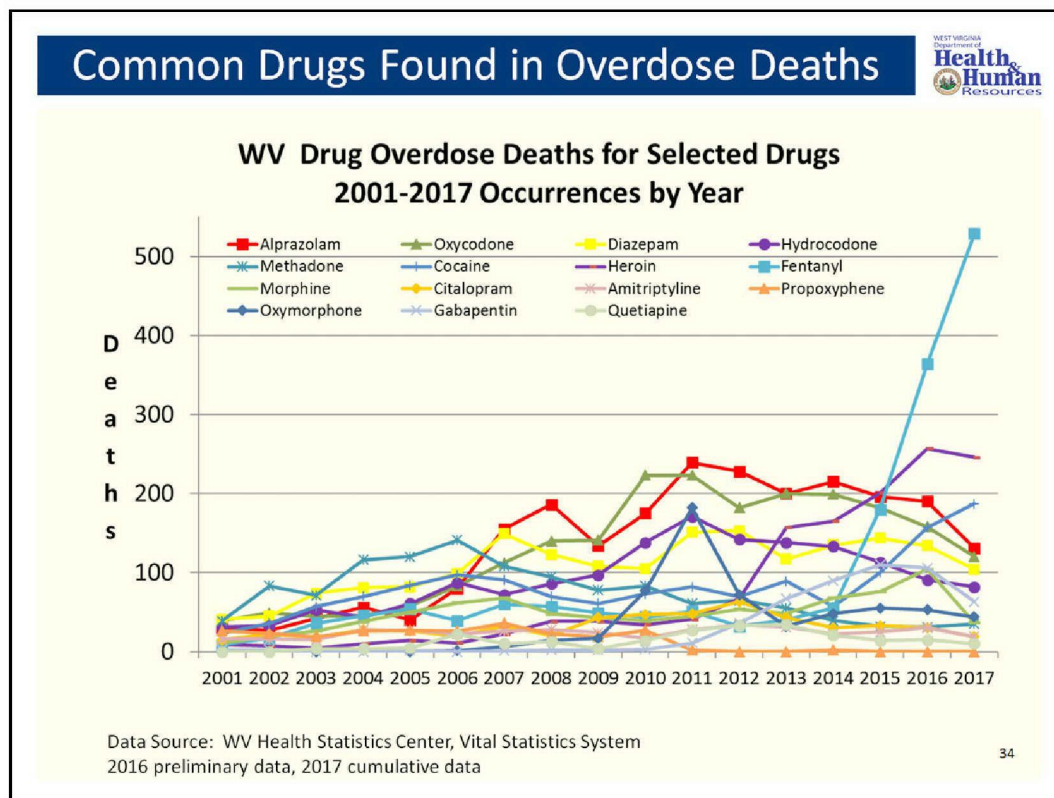


the numbers have increased markedly over time. In 2001 there were 212 drug-related overdose deaths in West Virginia. There were over 3 times as many in 2011 – 656 deaths. As you can also see from this graph, the largest part of drug overdose deaths were ruled as accidental deaths – as opposed to suicides, homicides, and those deaths in which the manner could not be determined.

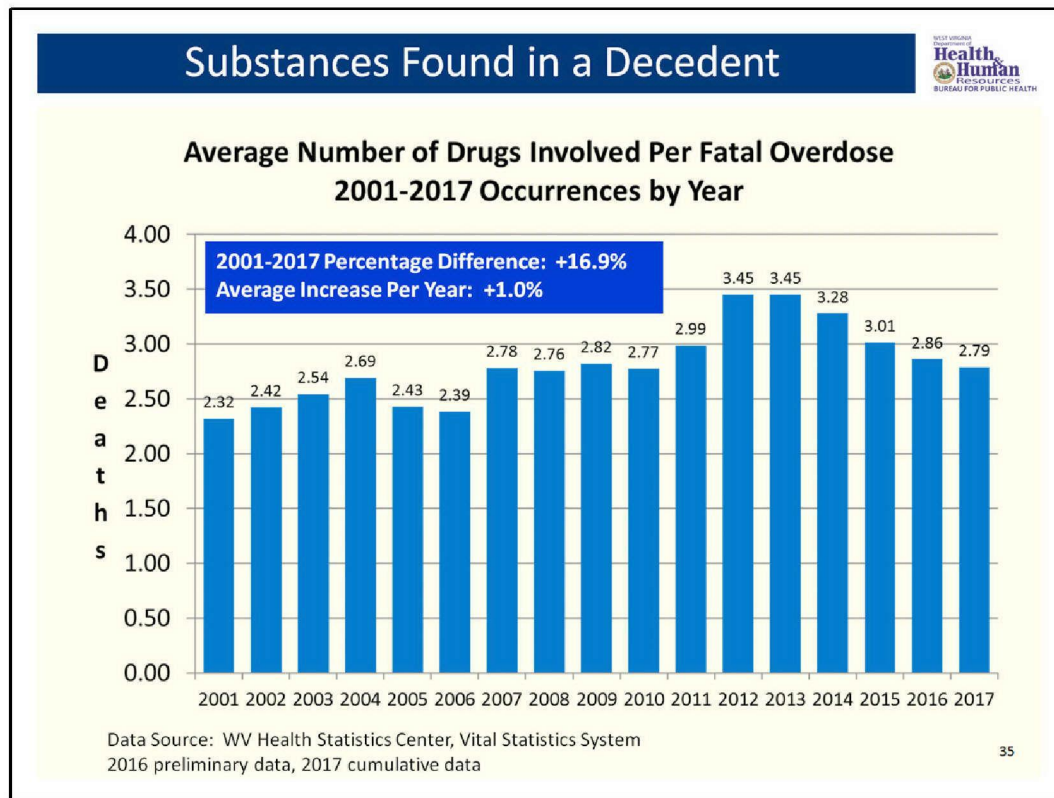


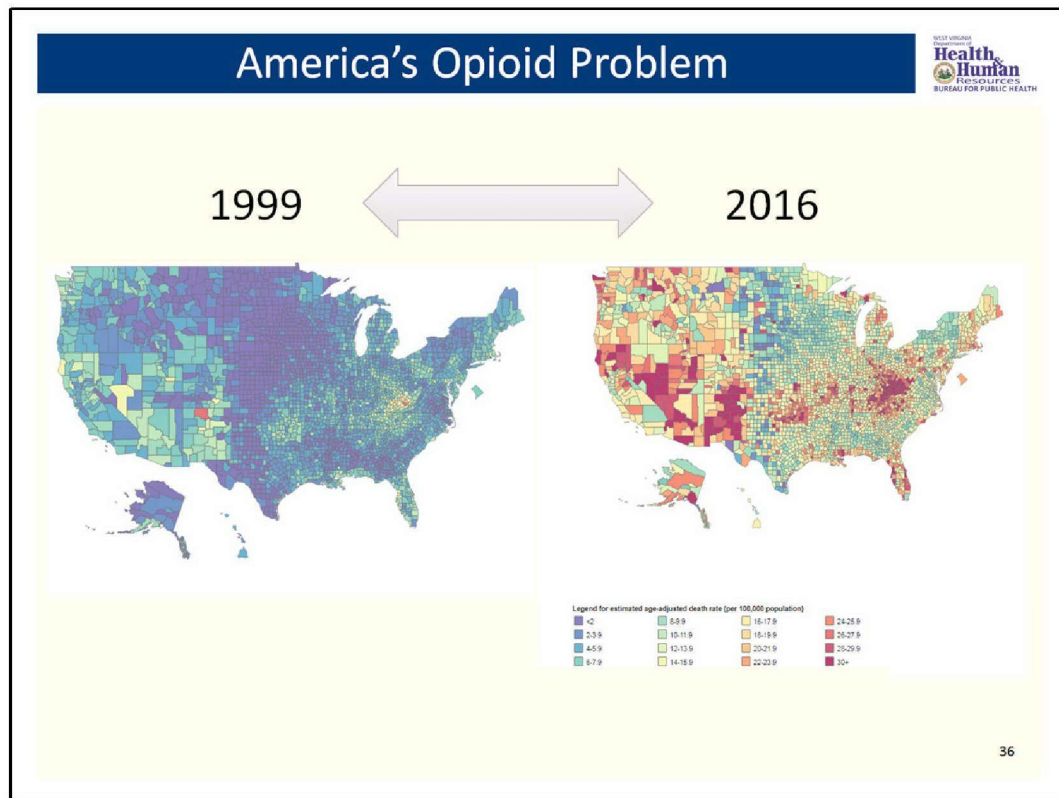
The COPD hospitalization rates in Lewis, Logan, Mingo, Wyoming, Boone, Clay, Lincoln, McDowell, Mercer, Fayette, Hancock, Mason, Wayne, and Raleigh counties were significantly higher than the state rate.

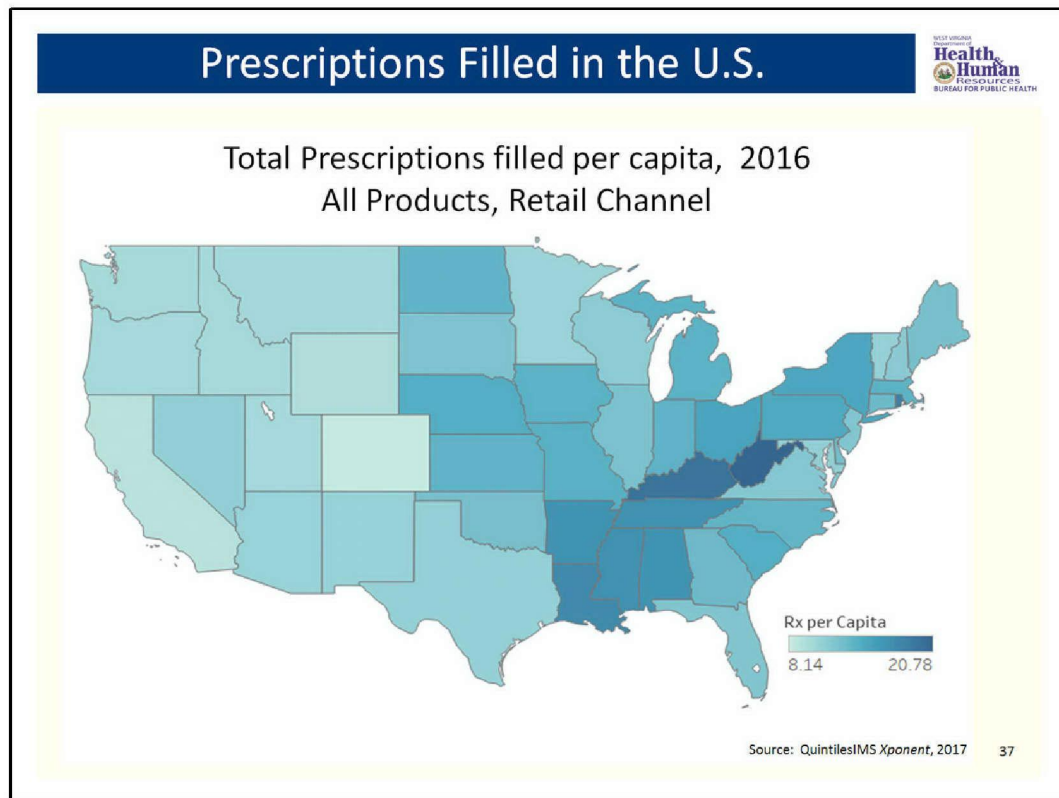
The COPD hospitalization rates in Pendleton, Monongalia, Jefferson, Tucker, Greenbrier, Hampshire, Berkeley, Hardy, Grant, Pocahontas, Morgan, Wetzel, Roane, Putnam, Brooke, Preston, and Mineral counties were significantly lower than the state rate.



These are roughly the 8 most common drugs involved in drug overdose deaths in WV.







Prescription Saturation



A State Comparison: Annual Prescriptions per Capita 2016
Total Market

Rank	State	Rx per Capita	Rank	State	Rx per Capita
1	West Virginia	20.8	27	Oklahoma	12.6
2	Kentucky	19.7	28	Illinois	12.4
3	Rhode Island	18.4	29	South Dakota	12.2
4	Louisiana	17.5	30	Florida	12.0
5	Mississippi	17.0	31	New Jersey	12.0
6	Tennessee	17.0	32	Virginia	11.8
7	Arkansas	16.8	33	New Hampshire	11.5
8	Alabama	16.8	34	Wisconsin	11.4
9	District of Columbia	15.8	35	Maryland	11.1
10	Ohio	15.2	36	Nevada	11.1
11	New York	15.0	37	Texas	11.0
12	Pennsylvania	14.8	38	Vermont	10.9
13	Nebraska	14.4	39	New Mexico	10.7
14	South Carolina	14.4	40	Arizona	10.7
15	Missouri	14.1	41	Minnesota	10.6
16	Iowa	14.1	42	Montana	10.0
17	Michigan	13.9	43	Oregon	10.0
18	Massachusetts	13.9	44	Utah	10.0
19	Indiana	13.9	45	Idaho	9.9
20	Kansas	13.8	46	Washington	9.9
21	North Dakota	13.7	47	Hawaii	9.6
22	North Carolina	13.6	48	Wyoming	9.4
23	Connecticut	13.2	49	California	9.0
24	Georgia	13.2	50	Colorado	8.1
25	Delaware	12.9	51	Alaska	7.4
26	Maine	12.7	52	Puerto Rico	N/A
All states = 12.6 annual prescriptions per capita					

Source: QuintilesIMS Xponent, 2017

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WV Greatest Change in Opioids Filled



Percent Change in Filled Prescriptions, 2016 vs 2015 Opioid Products

Rank	State	% Change	Rank	State	% Change
1	Florida	0.3%	27	Washington	-5.6%
2	Georgia	-0.3%	28	New York	-6.2%
3	Louisiana	-2.2%	29	Iowa	-6.5%
4	Arkansas	-2.2%	30	Kentucky	-6.6%
5	Wyoming	-2.3%	31	California	-6.6%
6	Texas	-2.9%	32	Virginia	-6.6%
7	Alaska	-3.4%	33	New Jersey	-6.6%
8	Alabama	-3.5%	34	Delaware	-6.7%
9	Utah	-3.6%	35	Maryland	-7.0%
10	Nebraska	-3.9%	36	Michigan	-7.0%
11	Mississippi	-3.9%	37	New Mexico	-7.8%
12	Idaho	-4.1%	38	Oregon	-7.9%
13	Kansas	-4.2%	39	Colorado	-8.1%
14	Illinois	-4.2%	40	District of Columbia	-8.2%
15	South Carolina	-4.3%	41	Wisconsin	-8.3%
16	South Dakota	-4.7%	42	Pennsylvania	-8.6%
17	Nevada	-4.9%	43	Ohio	-9.0%
18	Montana	-5.0%	44	Minnesota	-9.7%
19	Missouri	-5.0%	45	Vermont	-10.2%
20	North Carolina	-5.1%	46	Rhode Island	-10.5%
21	Hawaii	-5.2%	47	Connecticut	-10.8%
22	North Dakota	-5.2%	48	Maine	-12.0%
23	Oklahoma	-5.2%	49	Massachusetts	-12.7%
24	Indiana	-5.3%	50	New Hampshire	-13.8%
25	Arizona	-5.5%	51	West Virginia	-15.6%
26	Tennessee	-5.6%	52	Puerto Rico	N/A

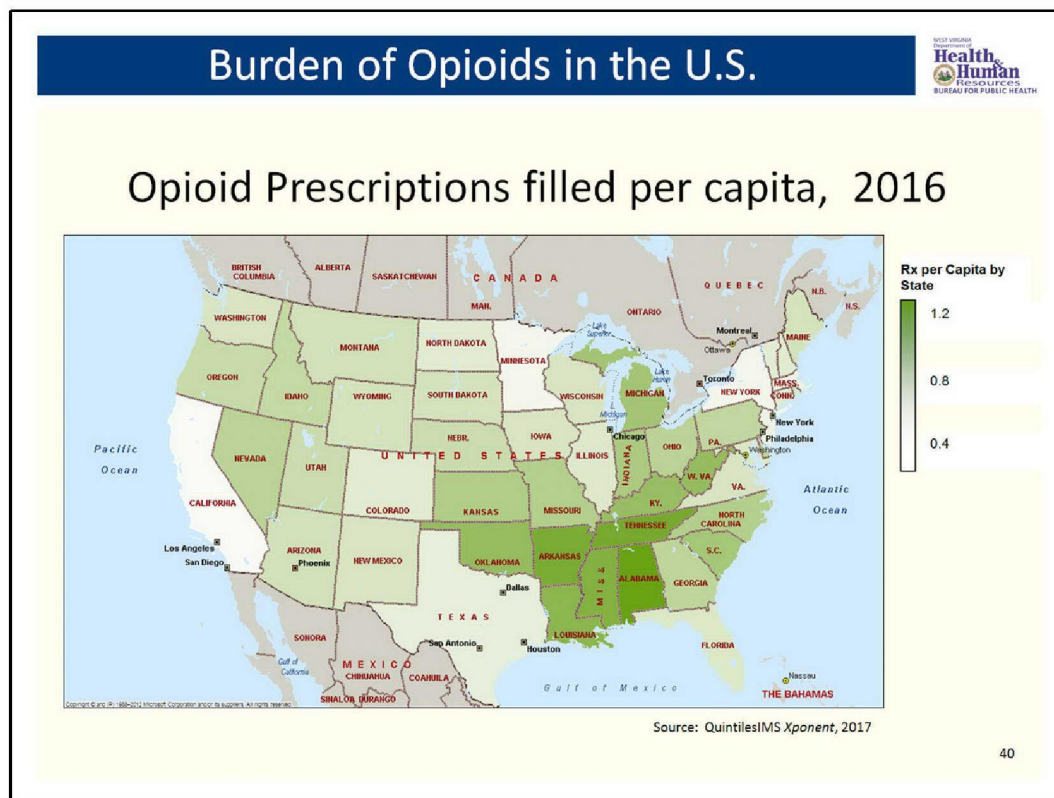
All states = -5.6% annual percentage of change

Source: QuintilesIMS Xponent, 2017

**U.S. total Opioid
prescriptions
2015 = 227,780,915**

**U.S. total Opioid
prescriptions
2016 = 215,051,279**

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Opioid Utilization per Capita by State, 2016

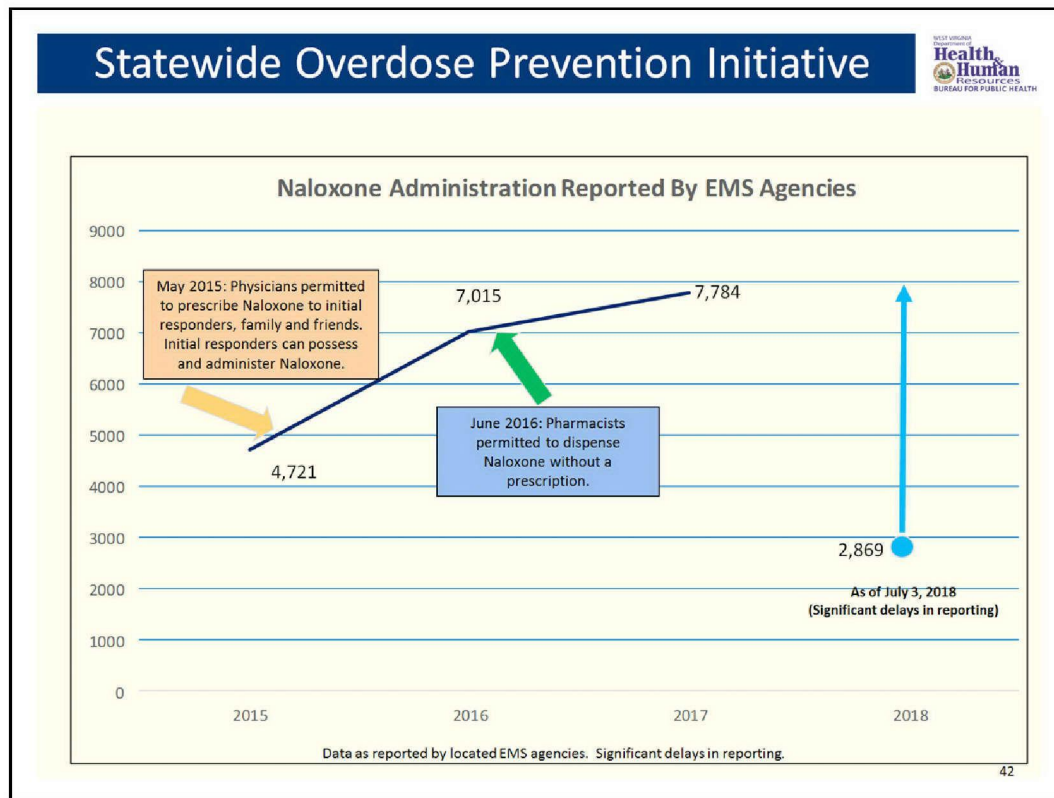


**A State Comparison: Annual Prescriptions per Capita 2016
Opioid Products**

Rank	State	Rx per Capita	Rank	State	Rx per Capita
1	Alabama	1.2	27	South Dakota	0.6
2	Tennessee	1.1	28	Wyoming	0.6
3	Arkansas	1.1	29	Iowa	0.6
4	Mississippi	1.0	30	Wisconsin	0.6
5	Louisiana	1.0	31	Washington	0.6
6	Oklahoma	1.0	32	New Mexico	0.6
7	West Virginia	1.0	33	District of Columbia	0.6
8	Kentucky	0.9	34	Virginia	0.6
9	Michigan	0.9	35	Rhode Island	0.6
10	South Carolina	0.9	36	Florida	0.6
11	Indiana	0.8	37	Maryland	0.6
12	Kansas	0.8	38	Illinois	0.6
13	North Carolina	0.8	39	North Dakota	0.6
14	Missouri	0.8	40	Colorado	0.6
15	Ohio	0.8	41	Connecticut	0.6
16	Nevada	0.8	42	New Hampshire	0.6
17	Georgia	0.8	43	Vermont	0.6
18	Delaware	0.8	44	Texas	0.6
19	Pennsylvania	0.7	45	Alaska	0.5
20	Idaho	0.7	46	Massachusetts	0.5
21	Oregon	0.7	47	New Jersey	0.5
22	Nebraska	0.7	48	Minnesota	0.5
23	Utah	0.7	49	New York	0.5
24	Montana	0.7	50	California	0.4
25	Arizona	0.7	51	Hawaii	0.4
26	Maine	0.7	52	Puerto Rico	N/A
All states = 0.7 annual prescriptions per capita					

Source: QuintilesIMS Xponent, 2017

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Substance Use During Pregnancy



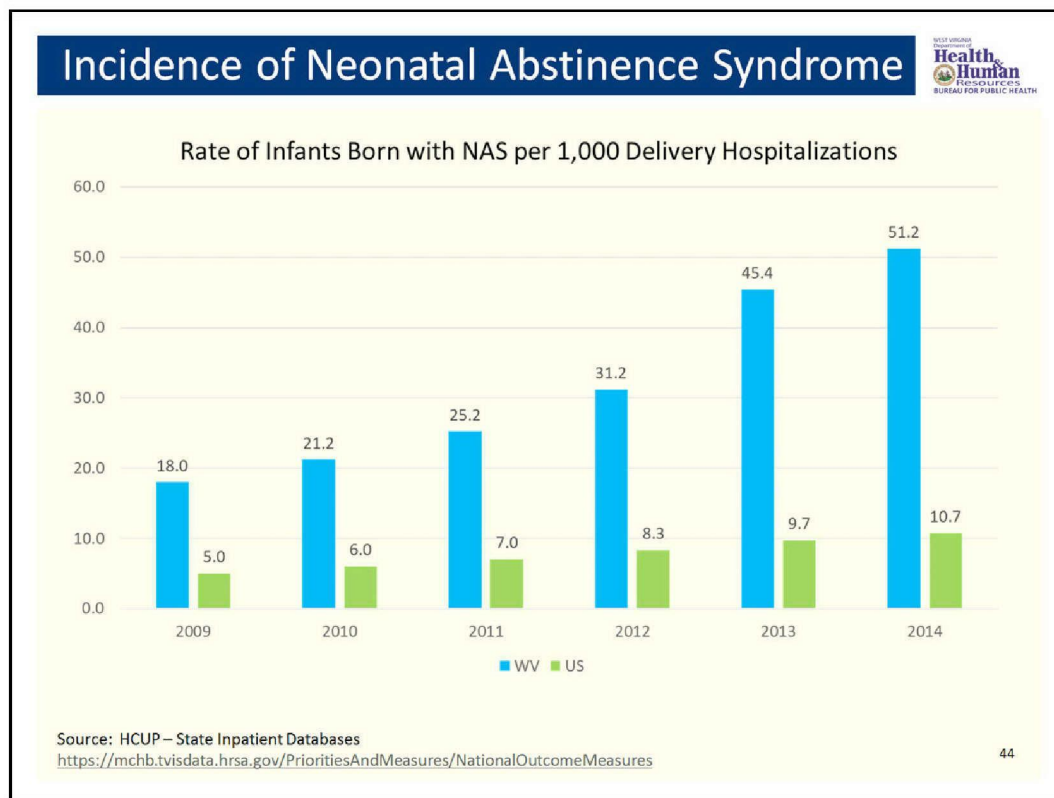
BPH-Funded Study Conducted in August 2009

**Results: Cord Blood Confirmed
19% of Babies Born in WV
had at least one substance in their system.**

(Drug or Alcohol)



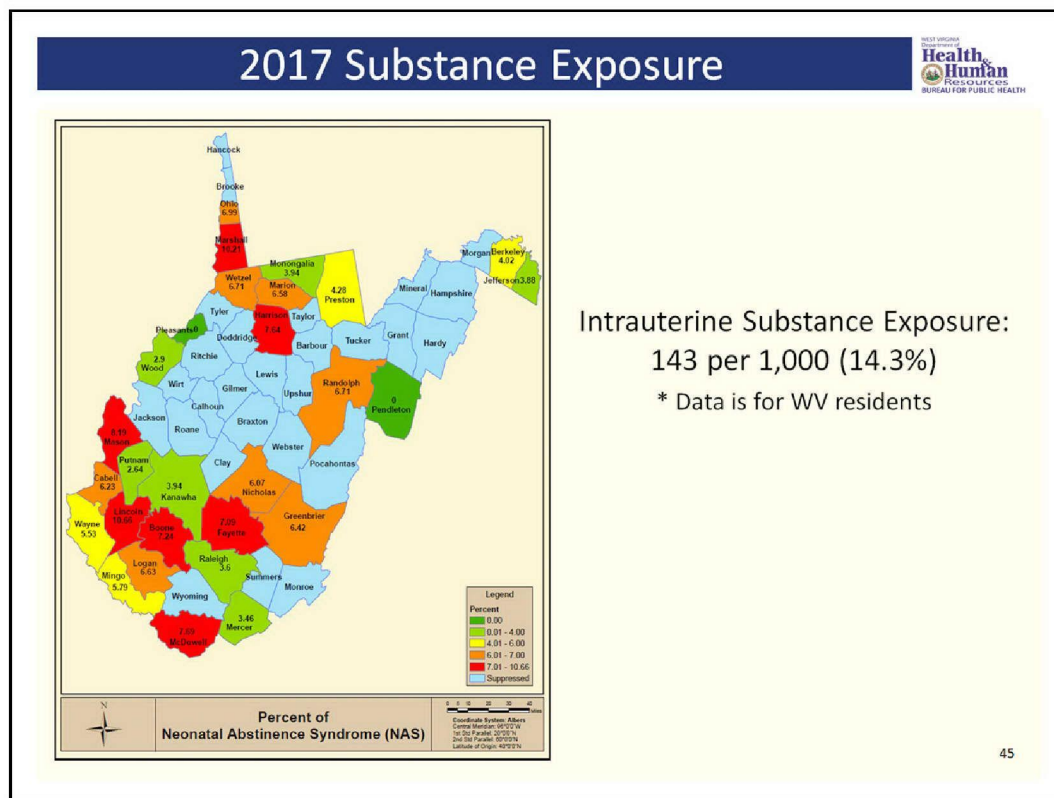
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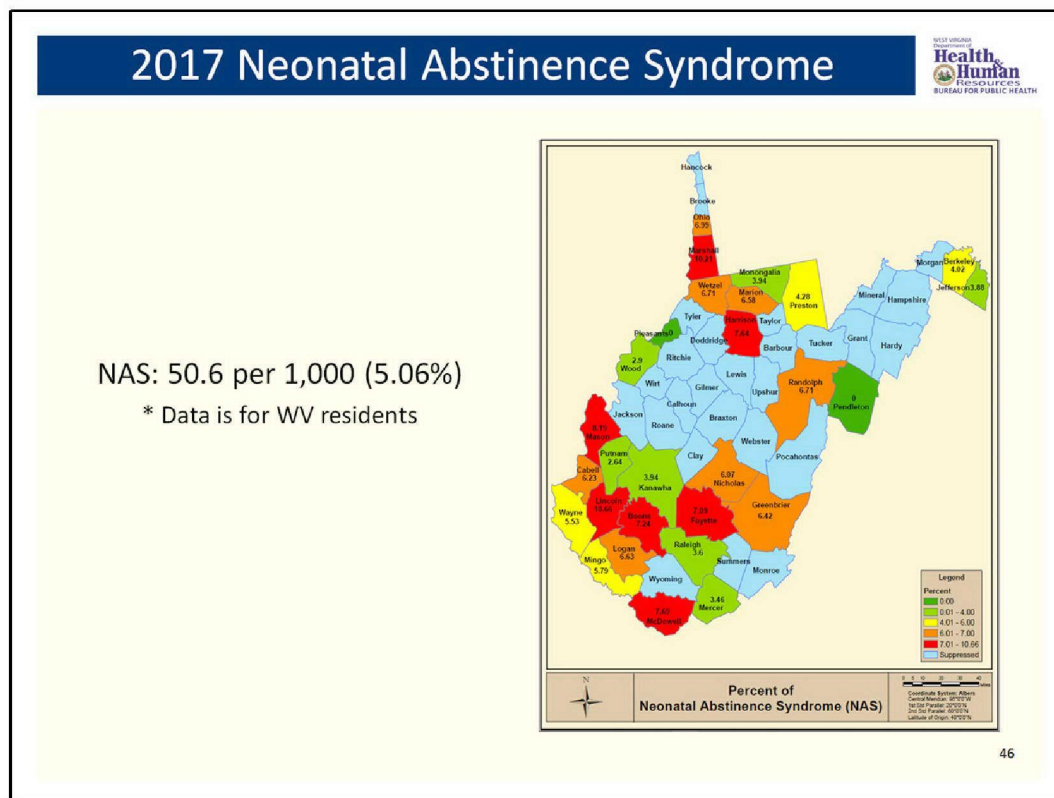


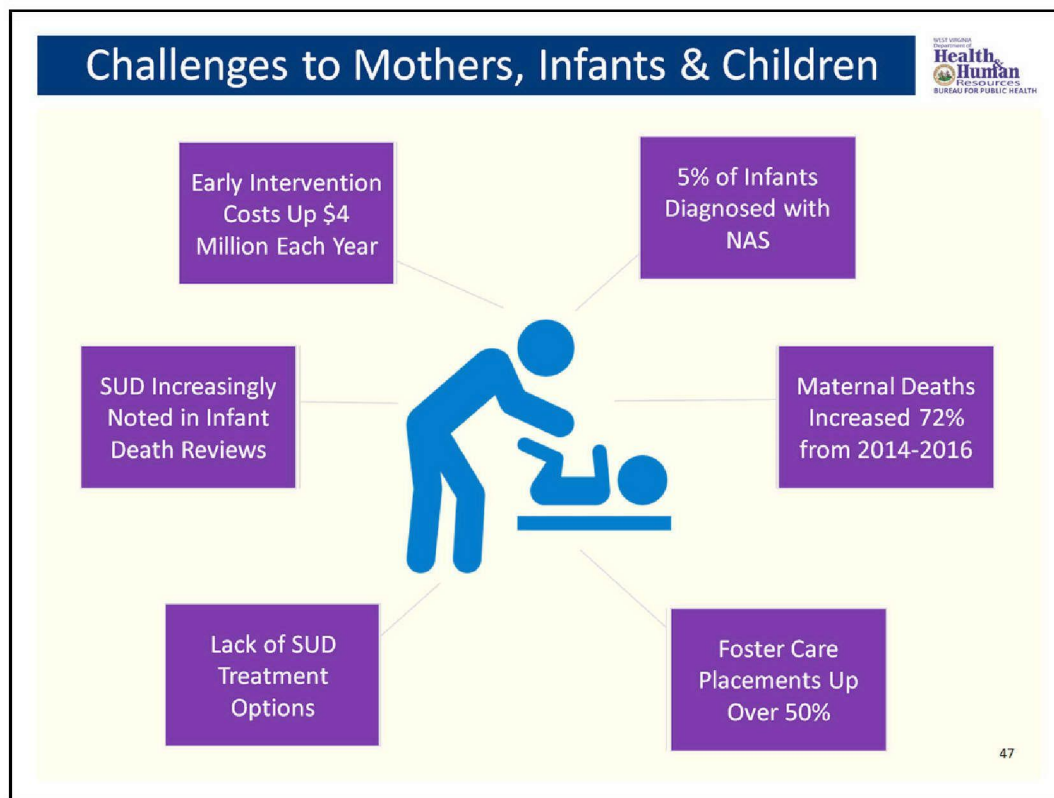
Cases of neonatal abstinence syndrome were identified by ICD-9-CM diagnosis codes 779.5 (drug withdrawal syndrome in newborn) and/or 760.72 (noxious influences affecting fetus or newborn via placenta or breast milk, narcotics). The use of multiple codes may significantly increase previous estimates of neonatal abstinence syndrome. Delivery hospitalizations were identified by diagnosis codes for an outcome of delivery, diagnosis-related group delivery codes, and procedure codes for selected delivery-related procedures (Kuklina et al, 2008). State-level estimates include inpatient stays for state residents treated in their home state and state residents treated in other states that provide data to the Healthcare Cost and Utilization Project (HCUP). For information on the HCUP Partner organizations, please visit <https://www.hcup-us.ahrq.gov/partners.jsp> This analysis is limited to community hospitals, which are defined as short-term, non-Federal hospitals. Community hospitals include obstetrics and gynecology, otolaryngology, orthopedic, cancer, pediatric, public, and academic medical hospitals. Excluded are long-term care facilities such as rehabilitation, psychiatric, and alcoholism and chemical dependency hospitals. U.S. estimates are calculated using the available State data and are not nationally weighted; therefore, U.S.

estimates may not be comparable across years due to the different states included in any given year. For more information about the HCUP State Inpatient Databases (SID), please visit <https://www.hcup-us.ahrq.gov/sidoverview.jsp>

For additional measure details, stratifier data, and the list of excluded states/jurisdictions by year, please see the FAD Resource Document (<https://mchb.tvisdata.hrsa.gov/uploadedfiles/Documents/FADResourceDocument.pdf>)

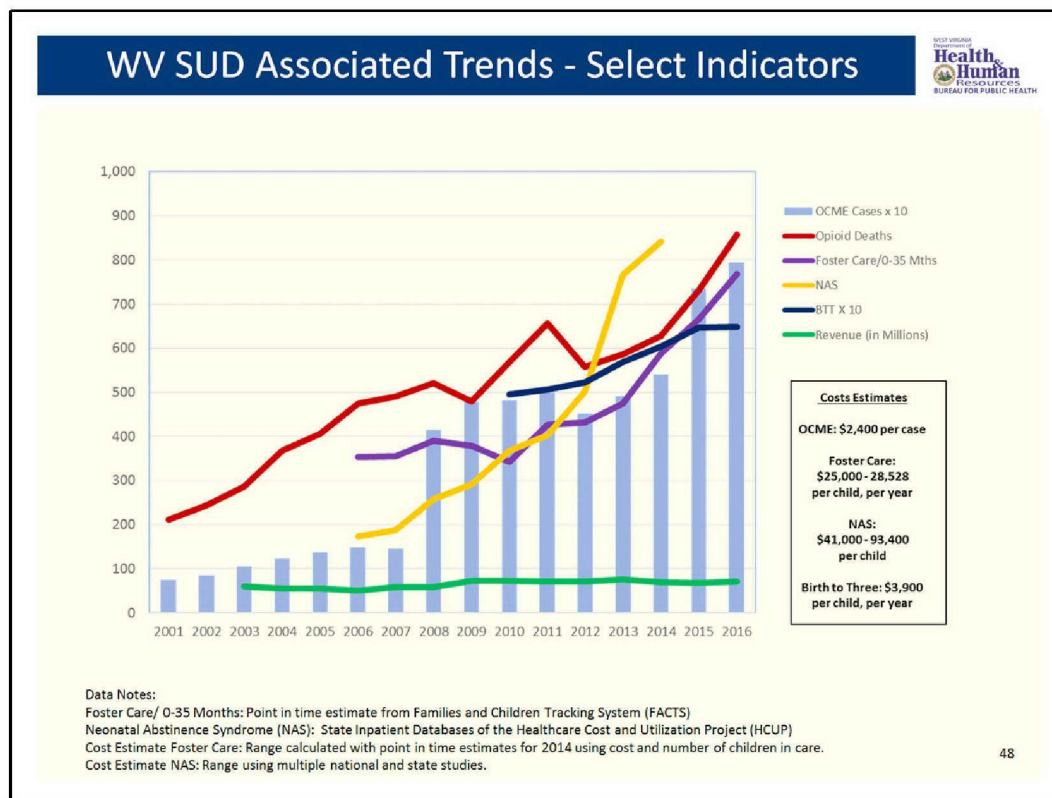






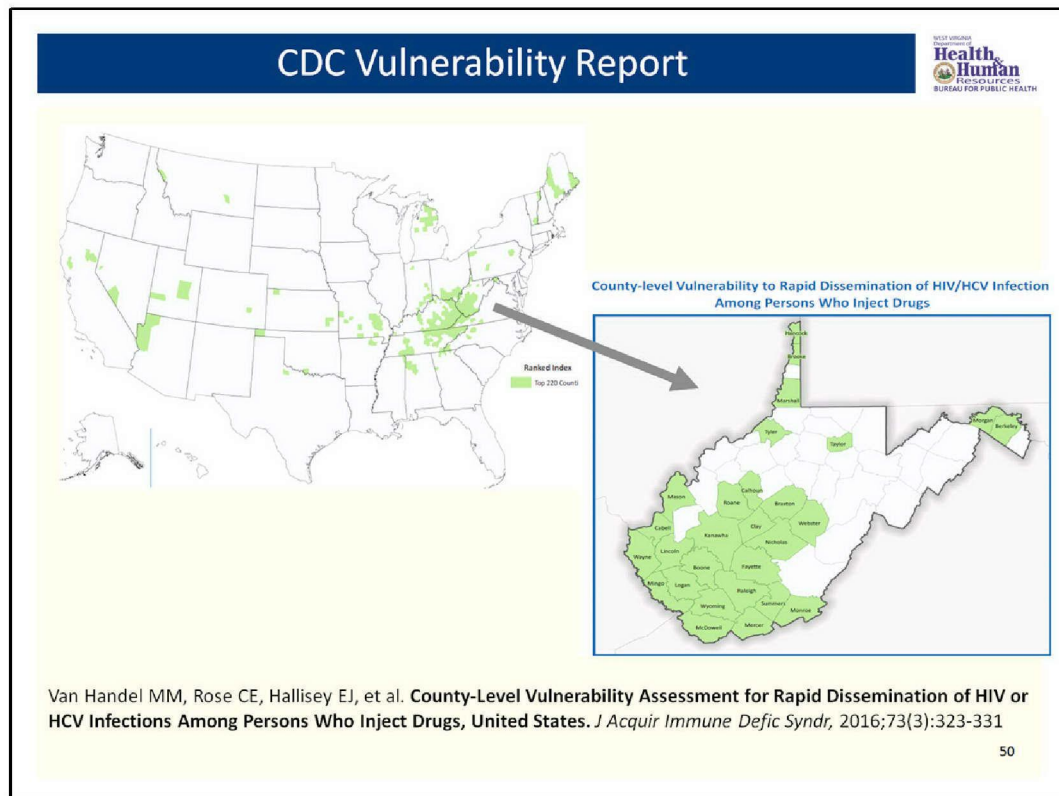
A lot of attention is given to overdose death, but this slide summarizes the challenges that face our mothers and children:

- 14% of our infants are substance exposed and 5% are diagnosed with NAS;
- Our Maternal deaths have increased 72% from 2014-2016;
- Foster care placements have gone from 4,000 to over 6,700 children in foster care;
- A lack of treatment options when persons with SUD are ready to commit;
- SUD is contributing to our infant mortality; and
- The costs associated with this epidemic are staggering.



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2016 SUD Costs – WV Medicaid	
<p align="center">WV Medicaid Program* “Substance Abuse”</p> <p align="center">FSY 2016:</p> <ul style="list-style-type: none"> • 34,500 total Medicaid members with a primary diagnosis of substance abuse at a cost of \$77 million. • 100,000 total Medicaid members with any diagnosis of substance abuse, at a cost of \$242 million. <p align="center"><i>*Member approximations</i></p>	<p align="center">Amount WV Medicaid Expansion* “Substance Abuse”</p> <p align="center">FSY 2016:</p> <ul style="list-style-type: none"> • 20,000 Medicaid Expansion members with a primary substance abuse diagnosis at a total cost of \$44.7 million. • 50,000 Medicaid Expansion members with any diagnosis of substance abuse, at a cost of \$112.9 million. <p align="center"><i>*Member approximations</i></p>
<p><small>Disclaimer: These costs would be inclusive of other payments made for services listed on the same claim, so not all dollars spent may be associated with a substance abuse condition, but the volume of individuals that have any diagnosis of substance abuse highlights the epidemic that WV faces; nearly 1 in 6.5 Medicaid members.</small></p>	
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Efforts to Reduce Vulnerability



- Enhanced surveillance for HIV and Hepatitis C
- Concurrent outreach to corrections, health care providers, regional jails and juvenile facilities
- Expansion of Hepatitis B and C testing and vaccinations
- Statewide 24/7 substance use helpline: 844-HELP-4-WV
- Syringe Service Program expansion
- Overdose outbreak investigations and the development of standard operating procedures
- Statewide overdose prevention initiative - Naloxone distribution
- Expansion of treatment and recovery services
- Prescription Drug Monitoring Program (PDMP) enhancements

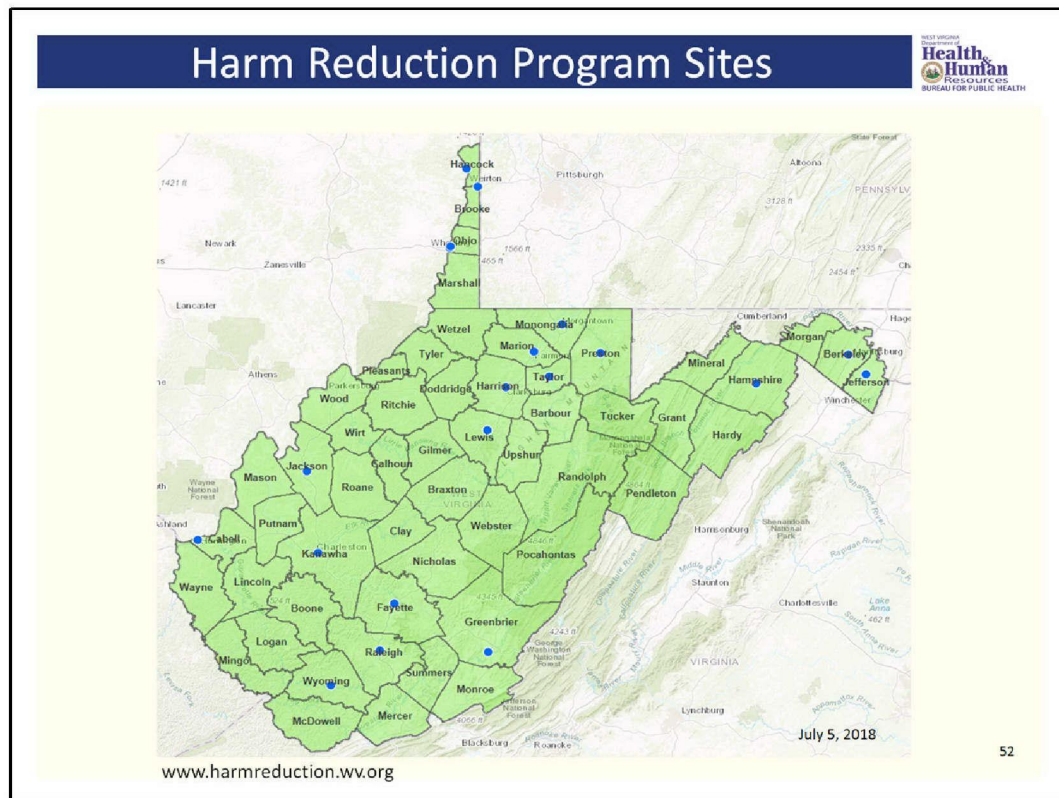
1-844-HELP4WV
Get connected with substance abuse treatment
& behavioral health service near you.
ONE Call. ONE Text. ONE Click.
INSTANT HELP.



RxDataTrack
CSAPP
Controlled Substance Automated
Prescription Program

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Thank you!



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